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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Greenlee</u>		State File No. <u>140</u>	
District or Township		City <u>Greenlee</u>		Registered No. _____	
2. FULL NAME <u>Rebecca Francis Mangum</u>		(a) Residence, No. _____		St. _____ Ward _____	
Length of residence in city or town where death occurred		yrs. <u>4</u> mos. _____		How long in U. S. if of foreign birth? yrs. _____ mos. _____	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Widowed</u>			
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>James Mangum (deceased)</u>					
6. DATE OF BIRTH (month, day and year)					
7. AGE	Years <u>25</u>	Months <u>6</u>	Days <u>4</u>	IF LESS than 1 day _____ hrs. _____ or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>none</u>					
(b) General nature of industry, business or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (city or town) (State or country) <u>Stamba Mississippi</u>					
10. NAME OF FATHER					
11. BIRTHPLACE OF FATHER (State or country) (city or town)					
12. MAIDEN NAME OF MOTHER					
13. BIRTHPLACE OF MOTHER (State or country) (city or town)					
14. Informant <u>John B. Mathews</u> (Address) _____					
15. Filed <u>4/14</u> 19 <u>28</u> <u>Eugene Perry</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>April 13</u> 19 <u>28</u>					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him alive on _____, 19____ and that death occurred, on the date stated above, at <u>12 P</u> m. The CAUSE OF DEATH* was as follows: <u>apoplexy</u>					
(duration) _____ yrs. _____ mos. _____ ds.					
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted if not at place of death? _____					
Did an operation precede death? <u>no</u> Date of _____					
Was there an autopsy? <u>no</u>					
What test confirmed diagnosis? <u>clinical finding</u>					
(Signed) <u>Dr. H. L. Langham</u> M. D. <u>4/14</u> 19 <u>28</u> (Address) <u>Chilton Ariz</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL				DATE OF BURIAL	
20. UNDERTAKER				ADDRESS	